

Type C Hydrostatic Testing Registration Renewal Application

Instructions

- Application renewal fee: \$300 (TDI code 571)
- Print or type your information.
- A renewal application is considered complete only if:
 - You have provided the State Fire Marshal's Office (SFMO) with all required documents. See Page 3.
 - You have an appropriately licensed employee on staff.
 - You have included the correct fee with the application.
- Make sure the addresses listed on the application are correct.
 - Include an additional \$20 fee for address changes.
- You must pay a late fee if:
 - You submit an incomplete application.
 - You don't provide the missing information by your certificate expiration date or within the 30-day notice period allowed by Fire Extinguisher rules.
 - Your renewal application is not postmarked on or before the date your current certificate expires.
- You will need to submit a new application if your registration is over two years past the expiration date. Complete form <u>SF025</u>.
- All fees are nonrefundable, except for overpayments from mistakes of law or fact.
- Send one payment to cover fees. Payments for various applications must be combined.
- Answer questions completely and truthfully. We may deny, suspend, or revoke your certificate of registration if you misrepresent or knowingly give wrong information on this application.

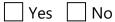
1. Company information

Name of company (assumed name or DBA)					
IRS Tax ID / Employer's identification number (EIN)		Phone (required)			
HCR-					
Type C hydrostatic testing registration number		Expiration date			
Company physical address					
City	State	ZIP	County		
Company mailing address					
City	State	ZIP	County		
Questions					
a. Has there been a char	nge of owners or officers	of your compan	y in the last two yea	rs?	
Yes No					
lf yes , complete form	<u>SF227</u> .				
b. Does your company h	ave fewer than 100 empl	loyees?			

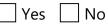
Yes		No
-----	--	----

2.

c. If yes, does your company have fewer than 20 employees?



d. Is your company independently owned and operated? (Answer **no** if your company is a subsidiary, subject to control by another entity, or is publicly traded.)



e. Does your company regularly generate less than \$6 million in annual gross revenue?

	Yes		No
--	-----	--	----

3. Certification

- I authorize SFMO or its representative to enter, examine, and inspect any premises, building, room, or establishment used by the company while engaged in the business to determine compliance with Chapter 6001 of the Texas Insurance Code and Section 34.500 of Texas Administrative Code, Title 28, the Fire Extinguisher Rules.
- I am familiar with and will comply with Chapter 6001 of the Texas Insurance Code and Section 34.500 of Texas Administrative Code, Title 28, the Fire Extinguisher Rules.

Signature of authorized representative	Date	
Print name	Title	
Email (required)		

4. Payment

Pay by check or money order payable to the Texas Department of Insurance. Mail your completed application, additional documents, and payment to the following mailing address:

State Fire Marshal's Office PO Box 12107 Austin, Texas 78711-2107

Late fees

Application	Late by 1 day to 90 days	Late by 91 days to 2 years
Type C Hydrostatic Testing Registration (HCR)	\$125	\$250

Additional documents and information required

Per Chapter 6001 of the Texas Insurance Code and Section 34.500 of the Texas Administrative Code, Title 28, the Fire Extinguisher Rules.

- <u>Certificate of General Liability Insurance</u>
- Franchise tax account status must be active with the **Texas Comptroller of Public Accounts**.
- Assumed Name Certificate from the **Texas Secretary of State** (if using a DBA).
- Current **U.S. Department of Transportation** (DOT) letter.

Resources

- Texas Comptroller 1-800-252-1386 | comptroller.texas.gov
- Texas Secretary of State | <u>https://www.sos.state.tx.us/</u>
- U.S. Department of Transportation | <u>https://www.transportation.gov/contact-us</u>

Your rights

You can request information we have about you by emailing <u>OpenRecords@tdi.texas.gov</u> or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to <u>RecordCorrections@tdi.texas.gov</u> or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030. There is a different process to change or update information you submitted to the State Fire Marshall's Office (SFMO). To update information submitted to SFMO, email <u>FMLicensing@tdi.texas.gov</u>. There may be a fee to update information held by SFMO.